FILE COPY

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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January 26, 2010

Kathy Prophet
Preferred Community Homes - Fieldstone
7091 West Emerald Street
Boise, ID 83704

RE: Preferred Community Homes - Fieldstone, provider #13G030

Dear Ms. Prophet:

This is to advise you of the findings of the Medicaid/Licensure survey of Preferred Community Homes - Fieldstone, which was conducted on January 11, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.

2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.

3. Identify the date each deficiency has been, or will be, corrected.

4. Sign and date the form(s) in the space provided at the bottom of the first page.

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 8, 2010,** and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by February 8, 2010. If a request for informal dispute resolution is received after February 8, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

JIM TROUTFETTER
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

JT/mlw

Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G030	A. BUILDING _____ B. WING _____	01/11/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - FIELDSTONE	2774 NORTH OLDSTONE WAY MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during the annual recertification survey. The survey was conducted by: Jim Troutfetter, QMRP, Team Lead Michael Case, LSW, QMRP Common abbreviations/symbols used in this report are: ADHD - Attention Deficit Hyperactive Disorder HRC - Human Rights Committee IDT - Interdisciplinary Team Mandt - A behavior intervention system PCLP - Person Centered Lifestyle Plan QMRP - Qualified Mental Retardation Professional RN - Registered Nurse	W 000	"Preparation and implementation of this plan of correction does not constitute admission or agreement by Fieldstone with the facts, findings or other statements as alleged by the state agency dated May 26, 2009. Submission of this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency. Fieldstone – Preferred Community Homes, specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action."	
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure sufficient information was provided to parents/guardians on which to base consent decisions for 1 of 2 individuals (Individual #1) whose written informed consents for behavior modifying drugs were reviewed. This resulted in conflicting information	W 124	**W 124 483.420(a)(2) PROTECTION OF CLIENTS RIGHTS** W124 Individual #1's Written Informed Consent will be updated and will contain accurate information regarding the use of Lexapro. All individuals Written Informed Consents will be reviewed and compared to their physician's sheets to ensure all consents are accurate. Completed by 4-4-2010 Monitored- Quarterly Person Responsible- QMRP	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 124	Continued From page 1 being provided to an individual's guardian regarding restrictive interventions. The findings include: 1. Individual #1's 8/7/09 PCLP stated he was a 22 year old male whose diagnoses included severe mental retardation, ADHD, autism, and mood disorder. Individual #1's record included a Written Informed Consent, dated 7/8/09, for Lexapro (an antidepressant drug) up to 20 mg daily. The consent stated the drug was to reduce agitation associated with ADHD and autism. However, a Physician's Sheet and Progress Notes, dated 7/7/09, stated the drug was for mood disorder exhibited by depression and anxiety symptoms. Individual #1's Written Informed Consent for Lexapro did not match the information provided by the prescribing physician. When asked during an interview on 1/11/10 from 12:10 - 12:50 p.m., the QMRP stated the Written Informed Consent needed to be updated. The facility failed to ensure Individual #1's Written Informed Consent contained accurate information regarding the use of Lexapro.	W 124		
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavioral	W 214		

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W 214	Continued From page 2 assessments contained comprehensive information for 2 of 2 individuals (Individual #1 and #2) whose behavioral assessments were reviewed. This resulted in a lack of information on which to base program intervention decisions. The findings include: 1. Individual #1's 8/7/09 PCLP stated he was a 22 year old male whose diagnoses included severe mental retardation, ADHD, autism, and mood disorder. a. Individual #1's Behavioral Assessment, dated 7/15/09, stated he engaged in "Behavior that is Hurtful to Self," defined as hitting his head on objects, hitting himself with a closed or open hand on the throat, cheek bones, forehead, and temple, biting himself on the upper left shoulder or collarbone, pinching himself on the arms, and pushing or slamming his body repetitively while rocking. The Assessment stated the function of the behavior was anxiety related to ADHD and autism, self stimulation, or avoidance. The Behavior Assessment did not document how the behavior differed depending on its function. Additionally, the Behavior Assessment did not include information regarding those factors that elicited or sustained Individual #1's "Hurtful to Self" behavior. b. Individual #1's Behavioral Assessment, dated 7/15/09, stated he engaged in "Behavior that is Hurtful to Others," defined as biting others, pulling others hair, pinching, scratching, hitting, and head butting. The Assessment stated the function of the behavior was demand motivation, self stimulation, or avoidance.	W 214	**W 214 483.440(c)(3)(iii)** **INDIVIDUAL PROGRAM PLAN** W214 Individual's 1 and 2 s Behavioral Assessments will be revised to contain comprehensive and accurate information with regards to each individual's function of behaviors. In addition all other individuals Behavior Assessments will be revised to contain comprehensive and accurate information on their Behavioral Assessments. Also a behavioral Core Team Meeting will be held quarterly to ensure all information is updated and accurate on all individual's behavior assessments from this point forward. Completed by- Individual 1 and 2s Behavioral assessments will be revised by 3-4-2010 All other individuals will be revised by 4-4-2010 Monitored- Quarterly Person Responsible- QMRP, and PCH Behavioral Specialist	

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W 214	Continued From page 3 The Behavior Assessment did not document how the behavior differed depending on its function. Additionally, the Behavior Assessment did not include information regarding those factors that elicited or sustained Individual #1's "Hurtful to Others" behaviors. c. Individual #1's Behavioral Assessment, dated 7/15/09, stated he engaged in "Uncooperative behavior," defined as elopement. The Assessment stated the function of the behavior was escape. The Behavior Assessment did not include information regarding those factors that elicited or sustained any of Individual #1's maladaptive behaviors. When asked during an interview on 1/11/10 from 12:10 - 12:50 p.m., the QMRP stated the behavior assessment needed to be revised and clarified. The facility failed to ensure Individual #1's Behavioral Assessment contained comprehensive and accurate information. 2. Individual #2's PCLP, dated 12/15/09, documented a 38 year old female whose diagnoses included bipolar, depressive disorder, post traumatic stress disorder, borderline personality disorder and mild mental retardation. Individual #2's record contained a Behavioral Assessment, revised 11/18/09, that listed the following maladaptive behaviors Individual #2 engaged in: - Hurtful to others - Hurtful to self - Socially offensive	W 214		

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W 214	Continued From page 4 - Disruptive - Uncooperative - Withdrawn - Respective - Unusual - Destructive to property - Sleep disturbance However, the section of the assessment that described the function of each behavior documented only her withdrawn behavior. Additionally, the assessment contained no information on what elicited or sustained her behaviors. When asked during an interview on 1/11/10 from 12:10 - 12:50 p.m., the QMRP stated the behavior assessment needed to be revised. The facility failed to ensure Individual #1 and Individual #2's Behavioral Assessments contained comprehensive and accurate information.	W 214		
W 225	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure a relevant and comprehensive vocational assessment was completed for 1 of 2 individuals (Individual #1) who were of age to be involved in vocational training. Without a comprehensive assessment, the facility would be unable to assist the individual with vocational training needs through the	W 225		

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W 225	Continued From page 5 development of objectives designed to optimize the Individual's abilities. The findings include: 1. Individual #1's 8/7/09 PCLP stated he was a 22 year old male whose diagnoses included severe mental retardation, ADHD, autism, and mood disorder. He attended a home based vocational program Monday through Friday. During the entrance conference on 1/4/10 at 9:00 a.m., the Administrator stated he participated in a recycling program. Individual #1's Vocational Assessment, dated 6/22/09, was scored with the following rating scale: 1 = Independent, 2 = Gesture/Modeling, 3 = Non-specific verbal cue, 4 = Specific verbal cue, 5 = Light physical, 6 = Full physical, and 7 = Participant refuses. The assessment included 21 probes related to vocational tasks (e.g., "When shown or instructed, participant can learn a new job or task involving one-step," etc.). Scoring consisted of marking the appropriate rating of each skill/behavior. The following items were marked on the assessment: - Follows instructions given verbally was scored as needing a specific verbal cue. - Follows instructions given by gesturing was scored as needing a specific verbal cue. - Follows instructions given by a light physical assistance was scored a needing light physical assistance. - Complies with instructions within 0 to 30 seconds was scored as needing a specific verbal cue. - Complies with instructions within 30 to 60 seconds was scored as independent.	W 225	**W 225 483.440(c)(3)(v)** **INDIVIDUAL PROGRAM PLAN** W225 Individual #1's Vocational Assessment has been revised to contain complete and comprehensive information regarding his vocational needs. All individual's vocational assessments will be reviewed and revised where needed to ensure all resident's vocational assessments contain complete and comprehensive information regarding their vocational needs. Completed by 4-4-2010 Monitored- yearly and as needed Person Responsible- QMRP	

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W 225	Continued From page 6 - Complies with instructions within more than 60 seconds was scored as independent. - Selects an object from a group of different items on request was scored as needing a specific verbal cue. - Picks up small objects with hand was scored as independent. - Transfers small objects from one hand to the other was scored as independent. - Puts small objects into containers and takes them out again was scored as needing a specific verbal cue. All other skills were marked as requiring full physical assistance or participant refuses. Additionally, the Vocational Assessment included narrative sections titled Past Employment, Present Employment, Future Employment, Work Interests, Work Attitudes, and Work-related Behaviors. These sections of the assessment were blank. Individual #1's Vocational Assessment did not contain information related to work strengths and needs, work interests, attitudes, work-related behaviors, or present and future employment options. When asked during an interview on 1/11/10 from 12:10 - 12:50 p.m., the QMRP stated the Vocational Assessment was incomplete and needed to be updated. The facility failed to ensure Individual #1's Vocational Assessment contained complete and comprehensive information regarding his vocational needs.	W 225		
W 234	483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN	W 234		

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W 234	Continued From page 7 Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure clear direction to staff was provided in each written training program for 1 of 2 individuals (Individual #2) whose behavior management plans were reviewed. This resulted in a lack of instructions to staff being included in an individual's program. The findings include: 1. Individual #2's PCLP, dated 12/15/09, documented a 38 year old female whose diagnoses included bipolar, depressive disorder, post traumatic stress disorder, borderline personality disorder and mild mental retardation. The Suicide Guidelines policy, revised 6/12/09, documented under the "Procedure for Resident Suicide Guideline" that the guideline would include the following information: - Items that needed to be removed from their room and what to do with those items. - Instructions for how to specifically do a body search for that individual and what items needed to be taken from that person. - Instructions for how to complete an inventory if items were taken. - Specific instructions for the resident to make sure they did not have access to harmful items.	W 234	**W 234 483.440(c)(5)(i)** **INDIVIDUAL PROGRAM PLAN** W234 Individual #2's Suicide Threat Guidelines have been revised to contain clear and specific instructions to staff on how to intervene during suicidal ideation. All clients with suicidal ideation have had their Suicide Threat Guidelines revised to contain clear and specific instructions to staff on how to intervene during suicidal ideation. Completed by 2-3-2010 Monitored-monthly and as needed Person Responsible-QMRP	

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W 234	Continued From page 8 However, Individual #2's Suicidal Threat Guidelines, dated 10/1/09, did not provide these instructions. When asked during an interview on 1/11/10 from 12:10 - 12:50 p.m., the QMRP stated Individual #2's suicide guidelines needed to be revised. The facility failed to ensure Individual #2's Suicide Threat Guidelines contained clear and specific instructions to staff on how to intervene during suicidal ideation.	W 234		
W 239	483.440(c)(5)(vi) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify provision for the appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure appropriate replacement behaviors were identified and incorporated into the behavior management programs for 1 of 2 individuals (Individual #1) whose behavior assessments and behavior management programs were reviewed. This resulted in an individual not receiving appropriate training to replace maladaptive behaviors. The findings include: 1. Individual #1's 8/7/09 PCLP stated he was a 22 year old male whose diagnoses included severe mental retardation, ADHD, autism, and mood disorder.	W 239		

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W 239	Continued From page 9 a. Individual #1's Behavioral Assessment, dated 7/15/09, stated he engaged in "Behavior that is Hurtful to Self," defined as hitting his head on objects, hitting himself with a closed or open hand on the throat, cheek bones, forehead, and temple, biting himself on the upper left shoulder or collarbone, pinching himself on the arms, and pushing or slamming his body repetitively while rocking. The Assessment stated the function of the behavior was anxiety related to ADHD and autism, self stimulation, or avoidance. Individual #1's program for behavior that was "Hurtful to Self," dated 10/1/08, stated the replacement behavior was related to communication. However, the program did not include training components that would teach Individual #1 coping skills related to anxiety and self stimulation. Further, the program did not include training components that would teach Individual #1 to communicate his need to avoid a situation prior to engaging in the behavior. b. Individual #1's Behavioral Assessment, dated 7/15/09, stated he engaged in "Behavior that is Hurtful to Others," defined as biting others, pulling others hair, pinching, scratching, hitting, and head butting. The Assessment stated the function of the behavior was demand motivation, self stimulation, or avoidance. Individual #1's program for behavior that was "Hurtful to Others," dated 10/1/08, stated the replacement behavior was related to communication. However, the program did not include training components that would teach Individual #1 coping skills related to self stimulation. Further, the program did not include	W 239	**W 239 483.440(c)(5)(vi)** **INDIVIDUAL PROGRAM PLAN** W239 Individual #1's Behavior Management Plan and Behavioral Assessment will both be revised to ensure Individual #1's replacement behavior training plans work in conjunction with his maladaptive behaviors. All individual's behavior management plans and their behavioral assessments will be revised to ensure that all individual's replacement behaviors and training plans work in conjunction with their maladaptive behaviors. In addition a behavioral Core Team Meeting will be held quarterly to ensure al l information is updated and accurate on all individual's behavior assessments from this point forward. Completed by- Individual 1 and 2s Behavioral assessments will be revised by 3-4-2010 All other individuals will be revised by 4-4-2010 Monitored- Quarterly Person Responsible- QMRP, and PCH Behavioral Specialist	

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W 239	Continued From page 10 training components that would teach Individual #1 to communicate his need to avoid a situation prior to engaging in the behavior. When asked during an interview on 1/11/10 from 12:10 - 12:50 p.m., the QMRP stated the replacement behaviors needed to be revised. The facility failed to ensure Individual #1 received training to appropriately replace his maladaptive behaviors.	W 239		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure restrictive interventions were implemented only with the approval of the human rights committee for 1 of 2 individuals (Individual #2) whose restrictive medication interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior approvals of restrictive interventions. The findings include: Individual #2's PCLP, dated 12/15/09, documented a 38 year old female whose diagnoses included bipolar, depressive disorder, post traumatic stress disorder, borderline personality disorder and mild mental retardation. Her Physician's Orders, dated 12/09, documented	W 262	**W 262 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE** W262 HRC approval has been obtained for individual #2's Wellbutrin. All individual's consents will be reviewed to ensure that all consents have received HRC approval. All individual's consents along with medication reduction plans will now be reviewed quarterly in pre-psych meetings. Completed by 4-4-2010 Monitored- Quarterly Person Responsible- QMRP	

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W 262	Continued From page 11 she received Wellbutrin (an antidepressant drug) 200 mg every morning for depression. However, her record did not contain evidence that the facility's HRC reviewed and approved the use of the behavior modifying drug. When asked during an interview on 1/11/10 from 12:10 - 12:50 p.m., the QMRP stated there was no HRC consent for Wellbutrin. The facility failed to ensure HRC approval was obtained for the use of Individual #2's Wellbutrin.	W 262		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the approval of the parent/guardian for 1 of 2 individuals (Individual #2) whose behavioral interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior approval of a restrictive intervention. The findings include: 1. Individual #2's PCLP, dated 12/15/09, documented a 38 year old female whose diagnoses included bipolar, depressive disorder, post traumatic stress disorder, borderline personality disorder and mild mental retardation. Her Physician's Orders, dated 12/09, documented	W 263	**W 263 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE** W263 Guardian consent has been obtained for individual #2's Wellbutrin. All individual's consents will be reviewed to ensure that all consents have guardian approval. All individual's consents along with medication reduction plans will now be reviewed quarterly in pre-psych meetings. Completed by 4-4-2010 Monitored- Quarterly Person Responsible- QMRP	

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	13G030	A. BUILDING _____ B. WING _____	01/11/2010

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W 263	Continued From page 12 she received Wellbutrin (an antidepressant drug) 200 mg every morning for depression. However, her record did not contain evidence guardian approval was obtained prior to the use of Wellbutrin. When asked during an interview on 1/11/10 from 12:10 - 12:50 p.m., the QMRP stated there was no guardian consent for Wellbutrin. The facility failed to ensure guardian consent was obtained prior to the use of Individual #2's Wellbutrin.	W 263		
W 264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. This STANDARD is not met as evidenced by: Based on review of the facility's behavior policy and staff interview, it was determined the facility failed to ensure the Human Rights Committee sufficiently monitored the facility's policy related to restrictive practices that had the potential to effect 4 of 4 individuals (Individuals #1 - #4) residing at the facility. This resulted in the potential for individuals' rights to be violated. The findings include: 1. The facility's policy titled Behavior Method	W 264	**W 264 483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE** W264 Preferred Community Homes HRC Committee will review the Preferred Community Homes Behavior Policy related to restrictive practices. In addition this policy will continue to be reviewed quarterly or whenever a revision is made to the actual policy itself by the HRC Commitee. Completed by 3-4-2010 Monitored- Quarterly and as needed Person Responsible- HRC Chairman- Torrey Bollinger	

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W 264	Continued From page 13 Hierarchy and Definitions, dated 8/29/09, contained several restrictive interventions including, but not limited to, the following: - "Taking Away of Privileges: to restrict someone's earned privileges in response to inappropriate behavior." - "Personal Room Searches: includes the physical search for items that are not the client's own in the client's personal area, belongings, or clothing. A personal search may include a body search (being 'pat [sic] down' and asked to empty pockets)." - "Facility Restriction: to restrict someone to a certain place as a consequence or as a protective measure when a client has been assessed to be at a current high-risk to sexually re-offend." - "Restitution: the restoring to the rightful owner of something that has been taken away, lost, or surrendered." -"Mechanical restraints: is any mechanical device, material, or equipment attached or adjacent to the individual's body that he/she cannot remove easily and that restricts freedom of movement or normal access to his/her body." The policy stated "This policy will be reviewed by the Human Rights Committee and revised as appropriate." When asked how often the facility's HRC reviewed the policy, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the HRC had not reviewed the policy. When asked, the Behavior Specialist	W 264		

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W 264	Continued From page 14 could not recall the last time the HRC reviewed the behavior policy. The facility failed to ensure the Human Rights Committee sufficiently monitored the facility's policy related to restrictive practices.	W 264		
W 274	483.450(b)(1) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior. This STANDARD is not met as evidenced by: Based on review of the facility's behavior policy and staff interview, it was determined the facility failed to ensure the behavior policy was sufficiently developed to govern the management of maladaptive behaviors that had the potential to effect 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in a lack of sufficient procedures by which to develop behavior support plans. The findings include: The facility's policy titled Behavior Method Hierarchy and Definitions, dated 8/29/09, was reviewed and included the following: a. Under the section titled Policy, it stated "When making a determination to whether a formal behavioral support program is implemented, all the following factors will be considered: Baseline data of maladaptive behavior, Historical maladaptive behavior, (and) Potential environmental and medical factors for the maladaptive behavior." The policy did not include procedures related to	W 274	**W 274 483.450(b)(1) MGMT OF INAPPROPRIATE CIENT BEHAVIOR** W274 Preferred Community Homes Administrative Team including the Behavioral Specialist will review and revise the Behavioral Method Hierarchy and Definitions Policy to ensure that is sufficiently developed and implemented. In addition this policy will also be reviewed by Preferred Community Homes HRC committee quarterly or whenever a revision is made to the actual policy itself. Completed by 4-4-2010 Monitored- Quarterly and as needed Person Responsible- Preferred Community Homes Administrative Team and the HRC Chairman-Torrey Bollinger	

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W 274	Continued From page 15 the analyses of all potential causes of maladaptive behavior. b. Under the section titled Procedure, it stated "Behavior Modification Programs are implemented at the recommendation of the IDT Team, after review of baseline data." The policy did not identify how long baseline data was to be collected prior to the IDT's recommendation to implement a program. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., baseline data was collected for 30 days. The policy did not identify at what point a behavioral assessment would be conducted prior to implementing a program. When asked, the Behavior Specialist stated initial behavior assessments were completed using only historical information, and after the 30 day baseline data was collected, assessments were then updated if needed. Additionally, the policy did not identify exceptions to the 30 day baseline data rule for maladaptive behavior that required intervention prior to 30 days. c. Under the section titled Level 4, which required HRC and guardian consent, it stated "Taking Away of Privileges: to restrict someone's earned privileges in response to inappropriate behavior." The policy did not clearly define "earned privilege." When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., it was like response cost.	W 274		

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W 274	Continued From page 16 However, the policy included a definition of "Response Cost" which stated "a consequence procedure that involves the individual paying back something of value in response to engaging in the specific behavior." d. Under the section titled Level 4, it stated "Personal Room Searches: includes the physical search for items that are not the client's own in the client's personal area, belongings, or clothing. A personal search may include a body search (being 'pat [sic] down' and asked to empty pockets)." The policy did not include the conditions under which a room search and body search could be utilized. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the intervention was used on an individual basis or could be used if an individual was taking another individual's personal items. e. Under the section titled Level 4, it stated "Facility Restriction: to restrict someone to a certain place as a consequence or as a protective measure when a client has been assessed to be at a current high-risk to sexually re-offend." The policy did not identify whether the restriction was time limited and what constituted a "certain place." When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the restriction was not time limited and was used on an individual basis. Additionally, it was unclear why the restriction was in the policy for Individuals #1 - #4 as they were	W 274		

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W 274	Continued From page 17 not "assessed to be at a current high-risk to sexually re-offend." When asked, the Behavior Specialist stated the definition needed to be revised to include all individuals regardless of their maladaptive behavior. f. Under the section titled Level 4, it stated "Response Cost: a consequence procedure that involves the individual paying back something of value in response to engaging in the specific behavior" and "Restitution: the restoring to the rightful owner of something that has been taken away, lost, or surrendered." The policy did not clearly define the differences between response cost and restitution. Further, the definition of restitution did not address property destruction. When asked about the difference, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., response cost involved giving back tokens and restitution involved paying for an item with money. g. Under the section titled Level 4, it stated "Behavioral Level System: a behavior modification level system takes into account behaviors, progress toward individual goals and achievement. Individuals that are on lower levels for behavioral incidents will have certain rights restricted as specified by the individual's specific behavior support plan." The policy did not identify what rights could be restricted. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the level system was no longer in use and the policy needed to be revised.	W 274		

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W 274	Continued From page 18 h. Under the section titled Level 5, which required HRC and guardian consent, it stated "Protective Adaptive Equipment: equipment designed to protect an individual from harming himself or others. Examples: helmet for head banging, gloves for digging at skin or grabbing at others, mask for spitting." Under the section titled Level 5, it stated "Mechanical restraints: is any mechanical device, material, or equipment attached or adjacent to the individual's body that he/she cannot remove easily and that restricts freedom of movement or normal access to his/her body." The policy did not clearly define the differences between protective adaptive equipment and mechanical restraints. When asked about the differences, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., protective adaptive equipment could be removed by the individual at any time. i. Under the section titled Level 5, it stated "Supportive restraints may be utilized without prior consent in the case of an emergency, including any instance the resident is endangering themselves or others. Guardian notification is required immediately after the use of such restraints." The policy did not identify how many supportive restraints were allowed prior to their incorporation into a formal plan. When asked about the number of restraints	W 274		

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W 274	Continued From page 19 allowed without consent, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the policy did not include that information. j. Under the section titled Level 5, it stated "Only staff members certified in MANDT may utilize supportive restraints with clients. No individual may participate in a restraint that has not completed MANDT training." The policy did not define supportive restraints. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., supportive restraints were used by nursing personnel during medical and dental examinations. k. Under the section titled Level 6, it stated "The IDT Team will ensure that a decrease for each psychotropic medication is attempted at least annually." The policy did not address or include procedures to be followed when decreasing psychotropic medications was contraindicated for individuals. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the policy did not include procedures to be followed when a decrease in psychotropic medication was contraindicated. The facility failed to ensure the Behavior Method Hierarchy and Definitions policy was sufficiently developed.	W 274		
W 278	483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR	W 278		

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W 278	Continued From page 20 Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure the individual's record included evidence of least restrictive or more positive techniques being utilized prior to the use of more restrictive techniques to manage behavior for 1 of 2 individuals (Individual #2) whose restrictive interventions were reviewed. This resulted in the potential for an individual to be subjected to restrictive interventions unnecessarily. The findings include: 1. Individual #2's PCLP, dated 12/15/09, documented a 38 year old female whose diagnoses included bipolar, depressive disorder, post traumatic stress disorder, borderline personality disorder and mild mental retardation. Individual #2's record contained a Restitution Service Program, dated 11/13/09, which required Individual #2 to pay restitution for cancelled counseling appointments. However, her record contained no evidence that other less restrictive interventions had been tried prior to implementing her restitution program (e.g. a program reinforcing her for attending counseling sessions). When asked during an interview on 1/11/10 from	W 278	**W 278 483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CIENT BEHAVIOR** W278 Individual #2's restitution program had been discontinued. Least restrictive measures are being reviewed and will be implemented prior to a restitution program being used. All other individual's programs have been reviewed and no other clients have restitution programs at this time. Completed by 2-3-2010 Monitored-monthly and as needed Person Responsible-QMRP	

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W 278	Continued From page 21 12:10 - 12:50 p.m., the QMRP stated less restrictive programs had not been tried prior to implementing Individual #2's restitution program. The facility failed to ensure there was sufficient evidence of less restrictive alternatives that were systematically tried and proven ineffective prior to implementing a restitution program for Individual #2.	W 278		
W 282	483.450(b)(1)(iv)(D) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must address the application of painful or noxious stimuli. This STANDARD is not met as evidenced by: Based on review of the facility's behavior policy and staff interview, it was determined the facility failed to ensure the behavior policy addressed the application of painful or noxious stimuli that had the potential to effect 4 of 4 individuals (Individuals #1 - #4) residing in the facility. This resulted in a lack of sufficient procedures by which to develop behavior support plans. The findings include: The facility's policy titled Behavior Method Hierarchy and Definitions, dated 8/29/09, stated the facility "Does not allow Aversion Therapy: involves a stimulus that the individual will actively work to avoid." The policy did not clearly define "Aversion Therapy." When asked about the definition, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the facility does not allow it.	W 282	**W 282 483.450(b)(1)(iv) MGMT OF INAPPROPRIATE CIENT BEHAVIOR** W282 Preferred Community Homes Administrative Team including the Behavioral Specialist will review and revise the Behavioral Method Hierarchy and Definitions Policy to address the use of painful or noxious stimuli. In addition this policy will also be reviewed by Preferred Community Homes HRC committee quarterly or whenever a revision is made to the actual policy itself. Completed by 4-4-2010 Monitored- Quarterly and as needed Person Responsible- Preferred Community Homes Administrative Team and the HRC Chairman-Torrey Bollinger	

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W 282	Continued From page 22 The policy did not address the use of painful or noxious stimuli. When asked, the Behavior Specialist stated the policy did not address its use.	W 282		
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individuals' PCLPs that were directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed for 1 of 2 individuals (Individual #2) whose medication reduction plans were reviewed. This resulted in an individual receiving behavior modifying drugs without a plan that identified the drugs usage and how they may change in relation to progress or regression. The findings include: 1. Individual #2's PCLP, dated 12/15/09, documented a 38 year old female whose diagnoses included bipolar, depressive disorder, post traumatic stress disorder, borderline personality disorder and mild mental retardation. a. Individual #2's Physician's Orders, dated 12/09, documented she received Wellbutrin (an antidepressant drug) 200 mg every morning for	W 312	**W 312 483.450(e)(2) DRUG USAGE** W312 Individual #2's Medication Reduction Plan now includes Wellbutrin and Mirtazapine. All other individual's medication reduction plans have been reviewed to ensure that all psychotropic medications are included on their medication reduction plans. Completed by 2-3-2010 Monitored-Quarterly and as needed Person Responsible-QMRP	

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W 312	Continued From page 23 depression. However, her record did not contain evidence of a medication reduction plan. b. Individual #2's Physician's Orders, dated 12/09, documented she received Mirtazapine (a central nervous system drug) 30 mg every evening for depression. However, her record did not contain evidence of a medication reduction plan. When asked during an interview on 1/11/10 from 12:10 - 12:50 p.m., the QMRP stated there was no medication reduction plan for Wellbutrin or Mirtazapine. The facility failed to ensure Individual #2's Wellbutrin and Mirtazapine were used only as an integral part of her program plan.	W 312		

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MM164	16.03.11.075.04 Development of Plan of Care To Participate in the Development of Plan of Care. The resident must have the opportunity to participate in his plan of care. Residents must be advised of alternative courses or care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in deciding on the plan of care. A resident may request, and must be entitled to, representation and assistance by any consenting person of his choice in the planning of his care and treatment. This Rule is not met as evidenced by: Refer to W124.	MM164	**MM164 Refer to W124** RECEIVED FEB 08 2010 FACILITY STANDARDS	
MM191	16.03.11.075.09(c) Last Resort Physical restraints must not be used to limit resident mobility for the convenience of staff, and must comply with life safety requirements. If a resident's behavior is such that it will result in injury to himself or others and any form of physical restraint is utilized, it must be in conjunction with a treatment procedure designed to modify the behavioral problems for which the patient is restrained and, as a last resort, after failure of attempted therapy. This Rule is not met as evidenced by: Refer to W278.	MM191	**MM191 Refer to 278**	
MM194	16.03.11.075.10(a) Approval of Human Rights Committee Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Refer to W262 and W264.	MM194	**MM194 Refer toW262 and W264**	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

2-4-10
(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G030	A. BUILDING _____ B. WING _____	01/11/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - FIELDST(	2774 NORTH OLDSTONE WAY MERIDIAN, ID 83642

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MM196	16.03.11.075.10(c) Consent of Parent or Guardian Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Refer to W263.	MM196	**MM196 Refer to W263**	
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W312.	MM197	**MM197 Refer to W312**	
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean and in good repair, for 4 of 4 individuals (Individuals #1 - #4) residing in the facility. This resulted in the environment being kept in ill-repair. The findings include: During an environmental review on 1/5/10 from 11:15 - 11:45 a.m., the following concerns were noted:	MM380	**MM380 16.03.11.120.03(a) BUILDING AND EQUIPMENT** Living Room-The love seat to the left of the television will be replaced. Medication Room- The hole in the wall will be repaired. Individual #3's Bathroom- The caulking will be added to the baseboard at the shower entrance. The sink will be cleared to drain normally. Individual #1's Bedroom- The wall behind the recliner will be repaired. Individual #2's Bathroom- The toilet seat will be tightened, the porcelain on the bathroom sink will be repaired or replaced.	

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MM380	Continued From page 2 Living Room: - The love seat to the left of the television had a tear approximately 10 inches long on the right back rest. Medication room: - There was a hole in the wall approximately 3 inches by 4 inches behind the door. Individual #3's bathroom: - The baseboard at the shower entrance was missing calking. - The sink drained slowly. Individual #1's bedroom: - There were multiple gouges in the wall behind the recliner. Individual #2's bathroom: - The toilet seat was loose. - There was a piece of porcelain approximately 1 inch in diameter missing from the sink. The facility failed to ensure environmental repairs were maintained.	MM380	Completed by 4-4-2010 Monitored- Monthly Person responsible- House RSC and PCH maintenance **MM520 Refer to W274 and W282**	
MM520	16.03.11.200.03(a) Establishing and Implementing polices The administrator will be responsible for establishing and implementing written policies and procedures for each service of the facility and the operation of its physical plant. He must see that these policies and procedures are	MM520		

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MM520	Continued From page 3 adhered to and must make them available to authorized representatives of the Department. This Rule is not met as evidenced by: Refer to W274 and W282.	MM520		
MM724	16.03.11.270.01(a) Assesments As a basis for individual program planning and program implementation, assessments must be provided at entry and at least annually thereafter by an interdisciplinary team composed of members drawn from or representing such professions, disciplines or services areas as are relevant to each particular case. This Rule is not met as evidenced by: Refer to W225.	MM724	**MM724 Refer to W225**	
MM725	16.03.11.270.01(b) QMRP The QMRP is responsible for supervising the implementation of each resident's individual plan of care, integrating the various aspects of the program, recording each resident's progress and initiating periodic review of each individual plan for necessary modifications or adjustments. This function may be provided by a QMRP outside the facility, by agreement. This Rule is not met as evidenced by: Refer to W234.	MM725	**MM725 Refer to W234**	
MM730	16.03.11.270.01(d)(i) Diagnostic and Prognostic Data Based on complete and relevant diagnostic and prognostic data; and This Rule is not met as evidenced by: Refer to W214.	MM730	**MM730 Refer to W214**	

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MM730	Continued From page 4	MM730		
MM855	16.03.11.270.08(c) Training and Habilitation Record There must be a functional training and habilitation record for each resident maintained by and available to all training and habilitation staff which shows evidence of training and habilitation service activities designed to meet the objectives set for every resident. This Rule is not met as evidenced by: Refer to W239.	MM855	**MM855 Refer to W239**	